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REPORT

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2. Medical Equipment and Literature
3. Medical Training and Facilities
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THIS IS UNEVALUATED INFORMATION

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Diseases in Czechoslovakia

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1.

Infectious diseases ranked high as causes of death in children; probably the most common was measles, known as "Morbili." Enteritis and similar gastro-intestinal diseases (not including bacillary dysentery) also ranked high in children up to 2½ years of age. In Slovakia these diseases, known as "dyspepsia toxica", occurred in older children as well. The incidence of diphtheria was not high.

25X1

[redacted] cancer and heart disease probably ranked third or fourth and [redacted] tuberculosis and other pulmonary diseases ranked about fifth. The incidence of all diseases was higher in Slovakia than in Bohemia and Moravia because of poorer sanitary conditions in the former area.

SECRET

25 YEAR RE-REVIEW

SECRET

25X1

-2-

2. The most common endemic diseases for the whole of Czechoslovakia were tuberculosis and bacillary dysentery, although bacillary dysentery occurred only rarely in Bohemia and Moravia. Trench mouth, which was common among children in Slovakia, did not occur in other parts of Czechoslovakia. Infectious hepatitis was endemic in Czechoslovakia. The disease usually assumed epidemic proportions in the spring and summer. It is difficult [redacted] to say how many cases of this disease [redacted] 25X1 actually occurred, but, as an example, [redacted] in a 30-bed [redacted] 25X1 hospital there were usually two or three cases of infectious hepatitis at all times during the epidemic season. The more serious cases were sent to the larger hospitals. In the winter the disease occurred less frequently, and, although there were always some cases, it could not be classed as epidemic. 25X1

3. There were a few cases of brucellosis. [redacted] one case was brought to [redacted] study. This case was caused by Brucella abortus. [redacted]

[redacted] Typhus exanthematicus occurred but was not common. [redacted] one case in a clinic in Prague. 25X1 Pneumonia was relatively common throughout the year. Influenza usually occurred in epidemic form in the spring and fall (which was the case in 1952). There were several cases of typhoid in early 1953, but the disease did not assume epidemic proportions.

4. In 1937 there was an epidemic of tularemia which appeared throughout Czechoslovakia but was centered in Bohemia. This epidemic continued sporadically over a period of three years. 25X1

[redacted] The infection came from large hares and possibly rabbits. [redacted] no subsequent cases of tularemia in Czechoslovakia. There were definitely no cases in 1946-1947 25X1

5.

[redacted] leptospirosis in Czechoslovakia. Undoubtedly some cases occurred, but it was not always possible to send samples for testing to the laboratory in Bratislava, and diagnostic facilities for this disease were not good in the smaller laboratories.

Immunizations

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6. [redacted] all vaccines and sera were produced in Czechoslovakia. Every hospital supply room maintained adequate stocks of tetanus, diphtheria, and other sera which could be stored for a long period. Any one of these could be readily obtained when needed. Other vaccines and sera, including typhoid vaccine, which had a shorter expiration period, were not kept at the hospital as a rule but were procured from the Krajska Lekarna (Regional Pharmacy). If these were needed, or in the event the expiration date had passed on those kept at the hospital, one could telephone the "Krajska Lekarna" and order what was needed. If the order could not be filled there, the "Krajska Lekarna" placed an order in Prague or Bratislava. Vaccines for typhus and gangrene were always ordered from Prague.

7. All sera and vaccines used in Czechoslovakia were good. There were certain normal reactions, especially when BCG was injected. This vaccine often caused a fever up to 105°F which lasted for several days. There was no vaccine used in Czechoslovakia similar to the Soviet "Polyvaccine". 25X1

[redacted] all Czechoslovak-made vaccines contained more than one antigenic component. For example, 25X1

SECRET

SECRET

25X1

-3-

the typhoid vaccine contained antigens for *Salmonella typhi*, *Enterococcus* (intestinal streptococcus), and occasionally *Streptococcus hemolyticus*. There were usually five or six components in the vaccine but they often varied in the different batches. The vaccine for diphtheria and whooping cough was given as one inoculation and was prepared from several strains of the pertussis organism, as well as from that of diphtheria. *Variola* (smallpox) and varicella (chicken pox) were also combined into one vaccine.

8. Children were required to have certain immunizations. The first vaccination against diphtheria and whooping cough was administered sometime during the first six months of life; subsequent "shots" were given every two or three months at the doctor's discretion. BCG was administered between the age of two months and one year, as was the inoculation for smallpox and chicken pox. There were no other routine immunizations for children.

The whole program for vaccination of children was a new one and the question of "booster shots" had not arisen.

25X1

The only vaccination administered to adults was BCG. The Ministry of Health had planned to examine all people up to the age of 25 years and to administer BCG to all who required it. Only a relatively small number of adults would require BCG vaccination.

There was no regulation concerning vaccination of the population in times of epidemics

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Medical Equipment and Apparatus

9. Most of the medical equipment used in Czechoslovakia was good and in plentiful supply. Hypodermic syringes were made of a good grade of glass and had chrome parts. Needles were also good. Occasionally there was a shortage of needles, particularly the smaller sizes, but, always had enough for work. X-ray apparatus was usually old and certainly not of modern design. Most of it had been made in Germany. it was adequate

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The X-ray tubes were definitely not good. Most of them were manufactured in East Germany. Some tubes were made in Czechoslovakia. X-ray film was mostly of German manufacture and was available in adequate quantities. There was some Czech-made X-ray film available but it was not as good as the German film.

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Medical Library Facilities

10. There was a large library at Charles University for the use of all students. This library contained textbooks on all subjects and, in addition, lectures of the professors were mimeographed and available there. Scientific and technical journals were also available; about 90% of these were Czech, 8% German, and 2% either British or US. There were some Soviet books which none of the students bothered to read; they were badly printed and poorly bound. In 1950 many books and journals were removed from the shelves because they were not in accord with Communist ideology. Most of those printed in the English language disappeared; Swiss books and journals all remained.

SECRET

SECRET

25X1

-4-

Students were allowed to borrow, and take home, most of the books and journals but they seldom had time to read until their examinations were passed.

25X1

11. In addition to the regular library, the Medical Faculty had a library of its own. This was primarily for the use of the doctors, but students (nonmedical as well as medical) were allowed to borrow the books and journals. This library contained many foreign medical journals, mostly German. There were French, Swiss, and Russian journals also, but very few in the English language. A great deal of literature was obtained from Hungary. The Hungarian textbooks and medical journals were very good and were considered better than the Czech counterparts.

There have never been translating facilities available at Charles University. At the present time, however, Czech translations of the Soviet medical journals are available, but there are no translations of journals in other languages.

The results of Czech medical research were published in several monthly or bi-weekly journals, each of which had about 80 pages per issue. The three most popular journals were: Casopis Cesky Lekaru, Prakticky Lekar, and Pediatricke Listy. These three journals had a summary in Russian at the end of each article. They formerly contained summaries in English also but this was discontinued in 1951.

Many medical journals were requested from the USSR, but few were ever obtained.

12. There were small libraries in the hospitals which subscribed to several medical journals. The three journals mentioned above, as well as seven or eight others dealing with specialized subjects were available.

25X1

It was possible for individual physicians to subscribe to any Czech journal but, since journals were expensive and were available at the hospital, this was seldom done.

Undergraduate and Postgraduate Training in Medicine

13. Students working toward a degree in Biology or Zoology usually had classes at the Natural Sciences Faculty. However, degrees in these subjects could be obtained at the Veterinary Medical Faculty.

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degree in Bacteriology or Microbiology

was certainly given by the Medical Faculty and possibly by the Veterinary Medical Faculty also. Students engaged in one of these subjects attended lectures and did laboratory work in the institute assigned to the particular subject. In certain cases it could not be said that a particular institute was attached to any one faculty. For example, the Biological Institute was attached to the University as a whole, not to the Natural Sciences Faculty. Certain professors gave special lectures in biology to students of the Law Faculty in that institute. On the other hand, the Bacteriological-Epidemiological Institute was definitely a part of the Medical Faculty. The Physics Institute, where medical students took their physics courses, was a part of the Natural Sciences Faculty.

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exams in Bacteriology and Microbiology in 1950. At that time there were two or three students taking exams in those subjects every week of the school year. Not all of them were medical students.

SECRET

SECRET

25X1

-5-

14. Students obtaining degrees in Microbiology or the allied sciences could get jobs in serum and vaccine or pharmaceutical factories. Others took teaching jobs in middle schools or technical schools which did not require a higher degree for teachers. Others went into research.

Prior to final examinations a student appeared before the Student Commission (composed entirely of politically-reliable students) and stated his preference as to position. If he wanted to do research this was made known to the Commission and, if approved by the Commission, the request was forwarded to the Ministry of Health where final decision was made. The applicant was then assigned to a research institute where, at first, he was given routine work but if he showed aptitude research assignments were given to him gradually.

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research workers made more money, which resulted in better living conditions, most doctors preferred to practice medicine. If a newly-graduated doctor wanted to specialize, he worked in a hospital for about two years. [This training appears to be quite similar to the system of residencies in the United States.] Those doctors who went directly into the practice of general medicine also had a chance to specialize or to take a certain amount of postgraduate work. After one and one-half years' practice the doctor received a questionnaire from the Ministry of Health containing a list of special courses to be offered in various cities throughout Czechoslovakia. The doctor was allowed to indicate his choice of courses offered. Those offered were usually dependent on the need for certain specialists in Czechoslovakia. After the doctor had indicated a choice, his acceptance in the course selected was based on the recommendation of the Doctor (Primar) in charge of the hospital or department where he worked. This recommendation depended on the professional capability of the individual. If approved by the Primar, the application was then sent to the Communist Political Committee of the Zavodni Organisace (Cell organization, of the Czechoslovak Communist Party), which passed on the applicant's political reliability. The doctor was then invited by the Ministry of Health to attend the course which lasted from a few weeks to several months depending on the subject.

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If a Doctor of Medicine or a graduate in one of the allied sciences wanted to do postgraduate work he applied through the Student Commission and, if accepted, was assigned to one of the institutes of the University.

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Soviet Influence on Czechoslovak Medicine

16. It is difficult for me to discuss "tradition" in medical and allied science as it applies to Czechoslovakia. Czechoslovakia is a very young country and has no tradition of any kind.

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There may be a few exchange students in Eastern Germany, but certainly not many. A certain amount of Soviet medical propaganda is taught in the medical school. Prior to 1950 [occasionally] 25X1 heard of PAVLOV and his work; after 1950 the name was mentioned frequently. Only slight attention was given to this by the students who considered lectures on PAVLOV's work to be propaganda. The Soviet-advocated Filatov-method of tissue therapy was also taught in the medical school. Although Czech doctors laughed at tissue

SECRET

SECRET

25X1

-6-

therapy and considered it propaganda, they practiced it in some hospitals. Implantation of placental tissue was used as a therapeutic procedure for almost all pathological conditions. [redacted] tissue therapy being used in one of the obstetrics-gynecology sanitaria.

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[redacted]
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